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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/673,448 09/30/2003 Charles Earl Rose 08350/2595 2621  TITLE OF INVENTION: SYSTEM AND METHOD FOR PREDICTIVE LOAD MANAGEMENT 04/20/2005 SDEHBEDS 00000502 031129 10673446  11 FC:1501 1400.00 DA 00 DA 02 FC:1504 300.00 DA 02 FC:1504 300.00 DA 02 FC:1504 300.00 DA 030.00 DA 04/4/20/2005  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE 0.00000000000000000000000000000000000						transmitted to the USF	10 (703) 746	-4000, on the	late indicated below.
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BEAULIEU, YONEL  3661  701-054000  Change of correspondence address or indication of "Fee Address" (37 RR 1.363).  Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached.  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agent or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents If no name is listed, no name will be printed.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Caterpillar Inc  Peoria, II.  Pearse check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  The following fee(s) are enclosed:  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Depoit Account Number 03 = 1129 (enclose an extra copy of this form).  Change in Entity Status (from status indicated above)  a Applicant claims SMALL ENTITY status. See 37 CFR 1.27.		<u> </u>							
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